

S. No. 2  
DM-2-43  
v. 5-17-39  
I X35697

FILED JUN 19 1946  
Registration District No. 179946

Primary Registration District No. 1002

State File No. \_\_\_\_\_  
Registrar's No. 2244

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kelso  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: San Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution about 1 hr.  
(Specify whether  
In this community App 4 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Kelso  
(If outside city or town limits, write "RURAL")  
(d) Street No. 500 E 8th  
(If rural, give location)  
(e) Citizen of foreign country? unknown (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ERNEST WILLIAMSON

3. (b) If veteran, name war World War I 3. (c) Social Security No. 480-30-4114

4. Sex Mo 5. Color or race W 6. (a) Single, widowed, married, divorced Div 3  
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years app 47 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace unknown  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name unknown

13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Coroner's Office

(b) Address Removal X. C. Hwy

17. (a) Removal (b) Date thereof 5/18/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. L. Coon Wadsworth

18. (a) Signature of funeral director Selbeta

(b) Address Kelso

19. (a) 5-19-46 (b) Heraldine Holman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 14  
year 1946 hour 11:40 minute 0 M.

21. I hereby certify that I attended the deceased from 1946 19\_\_\_\_ to 19\_\_\_\_  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death: gun shot wound Duration \_\_\_\_\_  
Due to gun

Due to \_\_\_\_\_  
Other conditions (includes pregnancy within 9 months of death) 104c

Major findings: Of operations \_\_\_\_\_  
Of autopsy no  
Autopsy & Inquest

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, all in the following:  
(a) Accident, suicide, or homicide (specify) suicide  
(b) Date of occurrence 5-14-46  
(c) Where did injury occur? 1000 1/2th mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In home  
While at work? no (Specify type of place) (e) Means of injury 38 Smith

Signature J. A. Walker (M) D. or other \_\_\_\_\_  
Address 1424 1/2 1st Date signed 5-15-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

91261 27 NOV

NOV 5 9 11 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Nancy Bergman* .....

Licensed Embalmer No..... *2041* .....

P. O. Address..... *166 W* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.